

# Medicine and Law

## Physicians' Attitudes Toward the Legalization of Marijuana Use

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*We asked 303 practicing physicians in general internal medicine, family medicine, gastroenterology, or psychiatry to indicate whether possessing or using marijuana should be considered a felony, a misdemeanor, warrant the issuance of a citation, or be legalized. The position physicians advocated was unrelated to their specialty, experience diagnosing or treating substance abuse problems, their attitudes toward the efficacy of the treatment of drug abuse, or any other work role or habit we measured. Legalization or citation as compared with harsher penalties, however, was more likely favored by physicians who were younger, less religious, politically more liberal, and those less likely to perceive a serious drug problem in society. Legalization was also more likely favored by physicians who themselves had used marijuana, cocaine, and amphetamines but was unrelated to the use of alcohol, cigarettes, or tranquilizers. Although physician opinion should be sought as society deals with the drug problem, this study suggests how physicians' characteristics may influence the opinions that are rendered.*

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As the decade of the 1980s comes to a close, there is general agreement that the United States has failed to develop an effective policy for reducing or controlling the use of illegal drugs by its citizens. Government efforts toward reducing the demand for drugs through educational campaigns such as "Just Say No" to drugs, dramatic punitive law enforcement efforts such as "Zero Tolerance" in which expensive automobiles or boats have been confiscated if their owners were caught possessing as little as less than an ounce of marijuana, or the testing for drug use in the workplace have not worked sufficiently. The government also has tried to control the supply side of the drug problem by indicting drug kingpins in countries that export large quantities of illegal drugs to the United States; increasing search-and-seizure procedures of people, cars, boats, and airplanes at United States points of entry; burning fields of marijuana and coca leaves; and proposing to employ the military in fighting the "war on drugs." With none of these attempts appearing to be notably effective in reducing the demand for or the supply of drugs, some politicians, law enforcement officials, and others have proposed another possible solution to the drug problem: legalize their use. Several national magazines have recently debated the pros and cons of legalization, and hearings have been conducted to learn more about the potential of such a policy.

Although the opinions of many segments of society should be solicited regarding legalizing drugs, one critical group ought to be physicians. Medical opinion and expertise should play an important role in the adoption or rejection of policies to legalize some or all currently illegal drugs. Yet

little or no systematic information exists on how physicians view the US drug problem or possible solutions.<sup>1-5</sup>

Our purposes in carrying out this research were to describe physicians' attitudes toward the legal status of commonly used drugs and to explore factors associated with the positions that physicians take on the legalization issue, focusing on marijuana. In this regard, we tested a model in which we hypothesized that physicians' positions on the legal status of marijuana were associated with their demographic and social characteristics, their work habits and roles, their attitudes toward the US drug problem, their political and religious beliefs, and their current and previous use of alcohol and drugs.

### Methods

#### Sample and Design

Questionnaires were mailed during the summer of 1987 to all full-time academic physician faculty members of the departments of medicine and psychiatry at the University of California, Los Angeles, and to all community-based clinical faculty affiliated with those departments in private practice whose specialty was general internal medicine, family medicine, gastroenterology, or psychiatry. Because of the sensitive nature of some questions, respondents were assured confidentiality and anonymity. Questionnaires were sent to all physicians twice, one month apart, because our research design included fully anonymous responses and did not permit a determination of which physicians had responded to the initial mailing. Of the 629 questionnaires sent, 21 were returned by the post office. Of the 608 re-

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maining surveys, 303 were completed and returned, constituting a 50% response rate.

Physician respondents had the following characteristics: their average age was 48 years, 91% were white, 87% were men, 85% were married, 39% were academically based full-time faculty, and 61% were in private practice. About half were board certified in internal medicine, 24% in psychiatry, 14% in family medicine, and 12% were not board certified. Based on our initial mailing rosters, nonrespondents were somewhat more likely to have been in community-based practices than in the academic setting. No differences in specialty or sex were found among respondents and nonrespondents. Also, the average age of respondents was similar to the age of respondents in a survey previously conducted in the same physician population in which a considerably higher response rate was attained.<sup>6</sup>

### Legalization of Drugs

Although the major part of this report will focus on physicians' attitudes toward the legalization of marijuana, respondents were also asked to describe their views on the use of cocaine, LSD, heroin, amphetamines, or diazepam (Valium) without a prescription. They were asked to check one of four responses, regardless of current law, with respect to their views concerning what legal actions should be taken for the possession or use of each substance: (1) make it legal; (2) issue a citation with a fixed fine, like a parking ticket; (3) make possession or use a misdemeanor; or (4) make it a felony.

### Other Measures

As part of our research, we ascertained the physicians' age, sex, race, marital status, religion, political orientation or party affiliation (or both), family size, and the degree to which respondents considered themselves to be religious persons (religiosity). For work roles and habits, we asked about hours worked per week; vacation time taken; volume of clinical work; location and type of practice; board certification; specialty; and involvement in teaching, research, ad-

ministrative, and patient care activities. We also asked physicians to report on how frequently they had seen patients with drug or alcohol problems in the past year and how frequently they counseled, treated, or referred such patients for treatment.

In addition, we also explored various drug-related attitudes. We administered a four-item scale of attitudes toward the US drug problems ( $\alpha = .57$ ), a four-item scale of attitudes toward the appropriateness of physicians diagnosing and treating drug problems in their patients, and two previously validated scales created by Chappel and co-workers that measured attitudes toward treatment.<sup>7</sup> Finally, we also ascertained the physicians' current and previous use of cigarettes, alcohol, marijuana, cocaine, amphetamines, and mild tranquilizers.

### Results

Although the focus of our attention in this report is on marijuana, Table 1 shows the attitudes of our physician sample toward the six substances we evaluated. Clearly the physicians viewed the issue of legalization differently for each of the six substances. For example, only a third of the sample favored a misdemeanor or felony status for possessing or using marijuana whereas a considerable majority favored such strict penalties for possessing or using cocaine (83%), LSD (82%), heroin (86%), and amphetamines (76%). Less stringent penalties were recommended for the use of mild tranquilizers.

Relationships between physicians' opinions regarding the legal status of marijuana and their personal and professional characteristics were determined by using a one-way analysis of variance for continuous variables and  $\chi^2$  tests for discrete variables. Because of the large number of significance tests done, the criterion set for statistical significance in the ensuing analyses was  $P$  less than .01.

With respect to sociodemographic characteristics, we found no relationships between physicians' views about the legal status of marijuana and their sex, religion, family size (number of children), marital status, or race. As shown in Table 2, however, physicians who favored legalization or a citation status were, on average, five years younger than those favoring a misdemeanor or felony status.

Practice characteristics and work habits were also unrelated to attitudes toward legalization. No relationships were found between such attitudes and hours worked per week; the number of vacation days taken in the past year; the amount of time spent in primary versus specialty patient care; scholarly productivity measured by articles published; medical specialty; board certification status; how physicians divided their time among administrative responsibilities, research, teaching, and patient care; or the number of outpatients seen in the previous two weeks. None of our measures

TABLE 1.—Physicians' Attitudes Toward Legalizing Commonly Used and Abused Drugs (n=303)

Drug	Position on Drug Use, % Yes			
	Legalize	Citation	Misdemeanor	Felony
Marijuana	41	25	30	4
Cocaine	12	5	34	49
LSD	11	7	31	51
Heroin	10	4	25	61
Amphetamines	10	13	46	30
Mild tranquilizers	15	25	48	12

TABLE 2.—Physicians' Attitudes Toward Legalizing Marijuana in Relation to Age, Attitudes Toward the Seriousness of the US Drug Problem, and Religiosity

Physician Characteristic	Position on Marijuana Use, means				F
	Legalize	Citation	Misdemeanor	Felony	
Age, yr	46.2	45.2	51.2	50.3	4.61*
Perceived seriousness of the US drug problem†	3.8	4.0	4.2	4.6	7.29‡
Religiosity§	4.1	3.7	3.4	2.8	13.76‡

\*ANOVA =  $P < .01$ .  
†Not serious = 1; serious = 5.  
‡ANOVA =  $P < .0001$ .  
§Religious = 1; not religious = 5.

reflecting the nature or degree of experience in treating patients with alcohol or drug problems over the past year were related to physicians' attitudes toward legalization.

Regarding attitudes, physicians' views about the efficacy of treating substance abuse problems and their views about the appropriate role of physicians in drug treatment were unrelated to their views on legalizing marijuana. Physicians who perceived the US drug problem to be more serious, however, were more likely to have endorsed a misdemeanor or felony status for the possession or use of marijuana than physicians who perceived the drug problem to be less serious (Table 2). Regarding attitudes toward religion and politics, physicians who rated themselves as less religious were significantly more likely to favor legalization or a citation. More religious physicians favored a misdemeanor and felony status. Also, Table 3 shows that physicians who considered themselves to be politically liberal were more likely to favor legalization than were politically conservative physicians, who favored harsher penalties. Similarly, physicians who identified themselves as Democrats or Independents were more likely to favor a legal or citation status for marijuana use than were Republicans, who favored harsher penalties.

Finally, we explored the relationship between physicians' current and previous use of alcohol, cigarettes, and selected mood-altering drugs and their attitudes toward the legalization of marijuana. Attitudes on legalization were unrelated to the frequency of the physicians' current use of beer, wine, or liquor and were unrelated to their current or past use of cigarettes or mild tranquilizers. As shown in Table 3, however, physicians who had sometime in their lives used marijuana—55% of the sample, with 9% being current users—were more likely to favor less harsh or no penalties for marijuana use than those physicians who had never smoked marijuana. Identical patterns were found among the 15% of physicians who had tried cocaine and among the 26% who had tried amphetamines (Table 3).

## Discussion

Because physicians are familiar with the scientific method of inquiry, read the scientific literature, and are primarily

responsible for treating the health problems of the general population, they represent one of the occupational groups that should most be able to assess the effects of drug use on the health of our society. Their opinions are important and should be taken into account in formulating any policy regarding how illegal drug use should be handled by society. In addition, because the use of marijuana has been a visible part of American life since the 1960s, most contemporary physicians, including those whose opinions on legalization we studied, have probably had considerable experience with marijuana use or marijuana users on either a personal or a professional basis. More than half of our respondents had actually tried marijuana, and probably many more had known occasional users in college, medical school, or residency training. Others undoubtedly treated patients who smoked marijuana, and still others may have dealt with issues concerning marijuana use during the normal course of raising their own children.

An analysis of our data has indicated that the attitudes of physicians toward the legalization of marijuana use were not related to the nature of their practices or clinical experience but rather to personal factors such as using marijuana, current attitudes toward the drug problem, their religious feelings, and current political orientations. Neither their reported frequency or type of clinical experience with substance abuse problems over the past year nor their attitudes toward the efficacy of drug treatment were related to their positions on legalization. Also, none of the many work roles or involvements we studied were related to physicians' positions on legalization.

Thus, if policymakers intend to seek physician opinion on the legalization issue, the selection of exactly which physicians to testify will become critical. Because opinion in our study was unrelated to clinical or scientific credentials, the process of choosing physicians as expert witnesses may prove similar to the process of choosing experts in any field in which facts are heavily interpreted through surroundings, beliefs, and opinions. When dealing with controversial moral or ethical issues that may bear on the development or implementation of legislative policy, physicians behave much

TABLE 3.—Physicians' Attitudes Toward Legalizing Marijuana in Relation to Their Political Orientation and Party Affiliation and Their Previous Experience With Marijuana, Cocaine, and Amphetamines

Physician Characteristic	Position on Marijuana Use, % Yes				$\chi^2$
	Legalize	Citation	Misdemeanor	Felony	
Political Orientation					
Liberal . . . . .	53	23	22	2	...
Middle-of-the-road . . . . .	34	29	34	3	27.26, 6 df
Conservative . . . . .	22	24	41	13	$P < .0001$
Political Party Affiliation					
Strong Democrat . . . . .	51	24	20	4	...
Weak Democrat . . . . .	43	30	27	0	...
Independent . . . . .	47	24	27	2	...
Weak Republican . . . . .	19	19	50	11	37.00, 12 df
Strong Republican . . . . .	6	28	50	17	$P < .0001$
Past Substance Use					
Used marijuana . . . . .	52	28	19	1	29.77, 3 df
Never used marijuana . . . . .	28	22	42	8	$P < .0001$
Used cocaine . . . . .	60	29	11	0	13.32, 3 df
Never used cocaine . . . . .	37	25	33	5	$P < .01$
Used amphetamines . . . . .	56	23	21	0	12.40, 3 df
Never used amphetamines . . . . .	36	26	32	6	$P < .01$

like any other group of citizens. Thus, in putting together panels of physician experts to develop or recommend policies on legalizing drugs, extreme care must be taken to select a balanced representation from the entire political and religious spectrum, rather than to rely exclusively on physicians from any particular specialty, research background, or stated expertise in diagnosing and treating substance abuse. Furthermore, those evaluating the physicians' testimony will have to give special attention to the professional *and* personal sources from which each physician's opinion about legalization is derived.

Finally, the diverse attitudes of physicians toward the legalization of the limited number of drugs we studied (Table 1) clearly suggest that neither legalization nor harsher penalties can represent blanket solutions to the problems of substance abuse. From the perspective of the physicians in our

sample, however, the decriminalization of marijuana—but not of other illegal or controlled substances—was strongly preferred.

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### Methadone Maintenance

METHADONE MAINTENANCE is, I think, very useful for people who have tried other ways to stop using heroin. In San Francisco, we are preferentially admitting opiate addicts infected with the human immunodeficiency virus (HIV) into methadone treatment to get them out of the pool of needle sharers because at this point there is still a small proportion of addicts who are HIV positive, and it is important to pull those people into treatment so that they will not share needles and spread their HIV.

—STEVEN L. BATKI, MD

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